

May 20, 2005

Chief, Policy and Compliance Division

Transmittal # 82 CHAMPVA Policy Manual

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PUBLICATIONS AND TRANSMITTAL CHANGE
FOR THE CHAMPVA PM (POLICY MANUAL)

Explanation of the changes and related index updates to the CHAMPVA PM are in the following summary.

MTOC (Master Table of Contents).

- Adds new policy, Chapter 2, Section 17.26, *Medical Supplies And Dressings (Consumables)*.
- Removes Chapter 2, Section 22.2, *Diapers* to RESERVED.
- Changes policy title of Chapter 2, Section 24.1, *Prosthetic Devices* to *Prosthetic Devices And Supplies*.
- Removes Chapter 2, Section 24.2, *Prosthetic Replacement* to RESERVED.
- Removes Chapter 2, Section 29.9, *Linear Accelerated (Linac) Radiosurgery* to RESERVED.

Chapter 1, Section 2.2, SPONSOR.

- Under Policy Considerations clarifies that when a reservist turns age 60 and receives a retired status, the reservist and eligible beneficiaries become TRICARE eligible.
- Under Exclusions clarifies that an award of permanent and total disability status or death under 38 USC 1151 and an award of permanent and total disability under 38 USC 1160 does not qualify a veteran as a CHAMPVA sponsor.

Chapter 1, Section 2.4, SPOUSE.

- Under Policy clarifies that a surviving spouse who was age 55 when remarried and the marriage occurred prior to enactment of Public Law 107-330; was required to apply for CHAMPVA benefits on or before December 31, 2004, to be considered for CHAMPVA benefits under Public Law-108-183, and clarifies that the VARO will provide the HAC with their decision concerning the matter of continuous cohabitation.

Chapter 2, Table of Contents.

- Reformatted.
- Adds new policy, Chapter 2, Section 17.26, *Medical Supplies And Dressings (Consumables)*.
- Removes Chapter 2, Section 22.2, *Diapers* to RESERVED.
- Removes Chapter 2, Section 24.2, *Prosthetic Replacement* to RESERVED.
- Removes Chapter 2, Section 29.9, *Linear Accelerated (Linac) Radiosurgery* to RESERVED.

Chapter 2, Section 3.2, COLORECTAL CANCER.

- Under Policy clarifies that all services referred to in Policy are covered.

Chapter 2, Section 4.1, CARDIOVASCULAR SYSTEM.

- Under Effective Date adds October 1, 2003, for ventricular assist devices as destination therapy.
- Under Policy Considerations adds ventricular assist devices as destination therapy.

Chapter 2, Section 11.3, TRANSFUSION SERVICES FOR WHOLE BLOOD, BLOOD COMPONENTS AND BLOOD DERIVATIVES.

- Amends the Procedure Codes.

Chapter 2, Section 12.1, WELL-CHILD CARE.

- Amends the Procedures Codes.
- Under Policy Considerations clarifies coverage of all services referenced.

Chapter 2, Section 15.3, HOME VISITS.

- Under Effective Date removes reference to the CPT 90000 series.
- Under Procedure Codes removes Note: pertaining to skilled nursing service.
- Under Policy removes reference to levels of service for home visits, and removes reference to typical times for category of service.
- Under Policy Considerations adds that home infusion therapy (drugs and biologicals that are injected either subcutaneous, intramuscular or intravenously, other than by oral method) is a covered benefit when: (1) prescribed by a physician or practitioner, (2) approved by the FDA, and (3) are reasonable and medically necessary for the individual patient.

Chapter 2, Section 15.4, SERVICES RENDERED BY EMPLOYEES OF AUTHORIZED INDEPENDENT PROFESSIONAL PROVIDERS.

- Under Description adds that authorized independent individual professional providers are also referred to as authorized providers and that employees of authorized providers can include, aides, technicians and attendants.
- Under Exclusions corrects hyperlink Physical Therapy to Physical Medicine/Therapy.

Chapter 2, Section 17.26, MEDICAL SUPPLIES AND DRESSINGS (CONSUMABLES).

- New policy providing coverage criteria for medical supplies and dressings (consumables).

Chapter 2, Section 22.1, PHARMACY.

- Under Policy removes examples of non-covered over-the-counter drugs.
- Under Policy Considerations adds that Viagra may be cost shared when prescribed by a physician for the treatment of pulmonary hypertension for adult or pediatric patients.
- Under Exclusions adds Interferon Gamma-1b (Actimmune®) for the treatment of idiopathic pulmonary fibrosis; and adds to the drug Paclitaxel (Taxol®) for adenocarcinoma of the colon.

Chapter 2, Section 22.2, DIAPERS.

- Policy guidance pertaining to diapers is now found in Chapter 2, Section 17.26, *Medical Supplies and Dressings (Consumables)*; Chapter 2, Section 22.2 has been moved to RESERVED.

Chapter 2, Section 23.1, PREVENTIVE SERVICES.

- Under Exceptions clarifies that all services referenced are covered when provided during acute and chronic care visits or preventive care visits for a symptomatic individual to maintain and promote good health.

Chapter 2, Section 24.1, PROSTHETIC DEVICES AND SUPPLIES.

- Under Effective Date removes reference to February 5, 1997, for certain prosthetic (IDE) Investigational Device Exemptions, and adds April 1, 2005, for ACD (Augmentative Communication Devices).
- Amends the Procedure Codes.
- Changes Description to Definitions and clarifies prosthetics and prosthetic supplies.
- Under Policy removes reference to October 5, 1994, and further clarifies the purchase of prosthetic devices; adds ACD (Augmentative Communication Devices), also referred to as SGD (Speech Generating Devices); adds criteria for prosthetic supplies, training, and repair; adds criteria for prosthetic replacement; and adds surgical implants that are approved for use in humans by the FDA are covered.
- Under Policy Considerations adds criteria for ACD and SGD devices.
- Under Exclusions adds examples of ACDs/SGDs devices and communication aids that are not covered.

Chapter 2, Section 24.2, PROSTHETIC REPLACEMENT.

- Policy guidance pertaining to prosthetic replacement is now found in Chapter 2, Section 24.1, *Prosthetic Devices And Supplies*; Chapter 2, Section 24.2 has been moved to RESERVED.

Chapter 2, Section 29.9, LINEAR ACCELERATED (LINAC) RADIOSURGERY.

- Policy guidance pertaining to linear accelerated (linac) radiosurgery is now found in Chapter 2, Section 30.13; *Stereotactic Radiosurgery/Radiotherapy*; Chapter 2, Section 29.9, has been moved to RESERVED.

Chapter 2, Section 30.3, SPEECH SERVICES.

- Removes Definitions.
- Under Policy clarifies coverage of speech services and speech therapy.
- Under Policy Considerations adds that articulation disorders are covered when not due to an educational or occupational deficit and removes paragraph D., that indicated benefits must be based upon demonstrated reduction or arrest of the severity of the speech dysfunction.
- Removes Exceptions, as it no longer applies to policy.
- Under Exclusions adds clarification that education deficits and occupational deficits are not covered and that for beneficiaries ages 3-21, speech services covered under the IDEA Program are excluded except when IDEA cannot meet the medical needs of the beneficiary; maintenance therapy that does not require a skilled level after a therapy program has been designed; and videofluoroscopy evaluation in speech pathology.

Chapter 2, Section 30.13, STEREOTACTIC RADIOSURGERY/RADIO THERAPY.

- Under Effective Date adds June 10, 2004, for Cyberknife® System for stereotactic radiosurgery/radiotherapy when intended to provide treatment planning and image-guided stereotactic radiosurgery and precision radiotherapy.
- Under Description clarifies the four main variations of stereotactic surgery.
- Under Policy adds that the Cyberknife® System is indicated for treatment planning and image-guided stereotactic radiosurgery and precision radiotherapy for lesions, tumors, and conditions anywhere in the body when radiation treatment is indicated.
- Under Exclusions adds that linear accelerator stereotactic radiosurgery is considered unproven and not covered for meningiomas, gliomas, and craniopharyngiomas.

Code Index. Amends index to add and delete codes referenced in this transmittal.

Subject Index. Amends index to add and delete changes referenced in this transmittal.

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